

EXHIBIT 54

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION
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IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
OPIATE LITIGATION

Case No.  
17-md-2804

Judge Dan Aaron  
Polster

This document relates to:

The County of Cuyahoga v. Purdue Pharma, et  
al., Case No. 17-OP-45004

City of Cleveland, Ohio v. Purdue Pharma L.P.,  
et al., Case No. 18-OP-45132

The County of Summit, Ohio, et al. v. Purdue  
Pharma L.P., et al., Case No. 18-OP-45090

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Videotaped Deposition of
CLARENCE I. TUCKER
January 10, 2019
9:01 a.m.

Taken at:
Brennan Manna & Diamond
75 East Market Street
Akron, Ohio

Stephen J. DeBacco, RPR

<p style="text-align: right;">Page 134</p> <p>1 A. The content? No.</p> <p>2 Q. That's -- that's delegated to the</p> <p>3 medical director?</p> <p>4 A. That is the medical director, and</p> <p>5 that is District Chief Joe Natko.</p> <p>6 Q. So you're not required to approve</p> <p>7 or not what medicines are carried on the</p> <p>8 ambulances?</p> <p>9 A. No. The actual medical director</p> <p>10 approves the drug list.</p> <p>11 Q. And -- and it's under the medical</p> <p>12 director's license that AFD paramedics and</p> <p>13 EMTs --</p> <p>14 A. That is their function.</p> <p>15 Q. -- administer care --</p> <p>16 A. That is correct.</p> <p>17 Q. Chief, sitting here today, do you</p> <p>18 know how many prescriptions for opioids were</p> <p>19 written in Akron last year?</p> <p>20 A. No idea.</p> <p>21 Q. Do you have any way to -- any sense</p> <p>22 of how you could figure that out?</p> <p>23 MS. LEYIMU: Object to the form.</p> <p>24 A. I don't know if we have access to</p> <p>25 that information or not. You talking about</p>	<p style="text-align: right;">Page 136</p> <p>1 those numbers?</p> <p>2 MS. LEYIMU: Object to the form.</p> <p>3 A. I don't know.</p> <p>4 Q. Chief, do you know anybody in your</p> <p>5 friends or family network who has had an issue</p> <p>6 with dependency on opiates?</p> <p>7 A. Yes.</p> <p>8 Q. May I ask, without names, the</p> <p>9 relationship?</p> <p>10 A. One was another City employee that</p> <p>11 was equal to my rank at that time but not a</p> <p>12 member of the Akron Fire Department. What he</p> <p>13 described for me was having a motor vehicle</p> <p>14 accident and opiates were prescribed for him as</p> <p>15 part of his pain management. He said he took</p> <p>16 the drugs -- drugs as prescribed until the</p> <p>17 point -- he reached a point where he was no</p> <p>18 longer needing to take those drugs.</p> <p>19 He then said that he couldn't</p> <p>20 figure out what was wrong with him. He -- he</p> <p>21 felt sick, he couldn't function, and he had no</p> <p>22 idea what was wrong with him, and then he</p> <p>23 realized, "You know what? I think I'm addicted</p> <p>24 to this substance."</p> <p>25 So, yes, I've -- I have that as</p>
<p style="text-align: right;">Page 135</p> <p>1 overall --</p> <p>2 Q. Yes.</p> <p>3 A. -- the number of opiate</p> <p>4 prescriptions? That's never been a question</p> <p>5 that has been brought to my attention, and I</p> <p>6 don't know.</p> <p>7 Q. Let me narrow it, then, a little</p> <p>8 bit. How about, do you know last year how many</p> <p>9 times AFD personnel dispensed an opiate to a</p> <p>10 patient?</p> <p>11 A. No.</p> <p>12 Q. Is that data available?</p> <p>13 A. I don't know. That's something I'd</p> <p>14 have to ask District Chief Joe Natko.</p> <p>15 Q. Chief Natko would be the right</p> <p>16 person?</p> <p>17 A. Correct.</p> <p>18 Q. And just a slight tweak on that</p> <p>19 question. Do you know how many times AFD</p> <p>20 personnel dispensed Narcan last year?</p> <p>21 A. No.</p> <p>22 Q. Ask Joe Natko?</p> <p>23 A. Yes.</p> <p>24 Q. Do you know one way or the other</p> <p>25 whether Chief Natko could -- could generate</p>	<p style="text-align: right;">Page 137</p> <p>1 someone that I've spoken to personally, that</p> <p>2 person, about his addiction, and he had to</p> <p>3 fight to get back, you know, to -- to not being</p> <p>4 addicted to be able to function.</p> <p>5 The other -- the other person that</p> <p>6 I know that has had an issue with opiates is</p> <p>7 one of my neighbors. A neighbor that's lived</p> <p>8 in my neighborhood for a couple of years. They</p> <p>9 have a -- a son who our EMS units respond to on</p> <p>10 a routine basis.</p> <p>11 Q. For overdoses? Overdosing?</p> <p>12 A. For overdoses.</p> <p>13 Q. Starting with the City employee you</p> <p>14 mentioned, you mentioned he was equal to your</p> <p>15 rank at that time. What --</p> <p>16 A. Correct.</p> <p>17 Q. What year are we talking about,</p> <p>18 approximately?</p> <p>19 A. 2016.</p> <p>20 Q. This individual had an accident and</p> <p>21 was prescribed an opiate. Do you know which</p> <p>22 one?</p> <p>23 A. I'm sorry. Say again.</p> <p>24 Q. I'm sorry. The -- you said the</p> <p>25 individual had an accident and was prescribed</p>

<p style="text-align: right;">Page 138</p> <p>1 an opiate for pain management?</p> <p>2 A. Correct.</p> <p>3 Q. Do you -- do you know which opiate</p> <p>4 in particular?</p> <p>5 A. No.</p> <p>6 Q. Prior to that prescription, do you</p> <p>7 know if this individual had used opiates</p> <p>8 before?</p> <p>9 A. I do not know.</p> <p>10 Q. You -- you said, Chief, that he</p> <p>11 reached the point where he no longer needed to</p> <p>12 take the drugs and then he started to feel --</p> <p>13 A. What he described as sick.</p> <p>14 Q. As sick. Is it at that point that</p> <p>15 he -- he sought help? Do you know?</p> <p>16 MS. LEYIMU: Object to the form.</p> <p>17 A. We did not get into the details of</p> <p>18 how he was able to either get treatment or seek</p> <p>19 treatment. We didn't talk about that aspect.</p> <p>20 We were simply talking about the ease in which</p> <p>21 he found himself addicted to prescription</p> <p>22 drugs.</p> <p>23 Q. And it was his assessment that --</p> <p>24 that he -- strike that.</p> <p>25 Do you know if he at any point used</p>	<p style="text-align: right;">Page 140</p> <p>1 A. It's like I kind of described</p> <p>2 before, in waves. Sometimes only once or twice</p> <p>3 a month, other times once or twice a week. It</p> <p>4 just depends.</p> <p>5 Q. Responding to -- to the son?</p> <p>6 A. That is correct.</p> <p>7 Q. As often as once or twice a week?</p> <p>8 A. Yes.</p> <p>9 Q. The EMS personnel are administering</p> <p>10 Narcan?</p> <p>11 A. I did not get into the details of</p> <p>12 the treatment for this particular individual.</p> <p>13 Q. Understood.</p> <p>14 Besides the City employee and your</p> <p>15 neighbor's son, any other -- any other</p> <p>16 individuals you've known to have an issue with</p> <p>17 opiate dependency?</p> <p>18 A. No.</p> <p>19 Q. Chief, do you think Akron has a</p> <p>20 cocaine problem right now?</p> <p>21 A. I think that's a very unorthodox</p> <p>22 question to ask when you -- does Akron have a</p> <p>23 cocaine problem? That's like saying does Akron</p> <p>24 have a heart attack problem. Well, if you're</p> <p>25 the person having a heart attack, it's a big</p>
<p style="text-align: right;">Page 139</p> <p>1 an illegal or illicit opiate?</p> <p>2 A. I don't believe so. I don't know</p> <p>3 for a fact because, again, I haven't known this</p> <p>4 individual my entire life, but that didn't</p> <p>5 strike me as the case.</p> <p>6 Q. So this is an individual who used</p> <p>7 prescription opiates, and -- and at that point,</p> <p>8 after ceasing the use, in his judgment, needed</p> <p>9 help?</p> <p>10 A. Yes.</p> <p>11 Q. Does this individual still work --</p> <p>12 does this individual still work for the City?</p> <p>13 A. No.</p> <p>14 Q. How did it come to be that this</p> <p>15 topic came up with him?</p> <p>16 A. Honestly, I don't remember.</p> <p>17 Q. Your son -- I'm sorry, your</p> <p>18 neighbor's son --</p> <p>19 A. Yes.</p> <p>20 Q. -- do you know what opiate he's</p> <p>21 using that's precipitating the overdoses?</p> <p>22 A. No.</p> <p>23 Q. When you said that the EMS units</p> <p>24 are responding to -- to the son on a routine</p> <p>25 basis, what does "routine" mean?</p>	<p style="text-align: right;">Page 141</p> <p>1 problem.</p> <p>2 So at least -- if -- are you</p> <p>3 talking about numbers? How many?</p> <p>4 Q. I understand it's a subjective</p> <p>5 term.</p> <p>6 A. Yes, yes.</p> <p>7 Q. So let's put it this way. We've</p> <p>8 talked about a crisis in other context today.</p> <p>9 A. Yes.</p> <p>10 Q. Do you think that Akron has an</p> <p>11 opiate crisis, as you use that term?</p> <p>12 A. I do.</p> <p>13 Q. I'm sorry. Has a cocaine crisis?</p> <p>14 A. No.</p> <p>15 And my reason for using the word</p> <p>16 "crisis" when describing the opiate issue, you</p> <p>17 know, I described it as a wave, but I don't</p> <p>18 know. It might even be more -- 2016 seemed</p> <p>19 more like a tsunami than -- than a wave. It</p> <p>20 was -- it was really bad.</p> <p>21 Q. That was for the -- for the</p> <p>22 opiate -- what you called an opiate crisis?</p> <p>23 A. That is correct.</p> <p>24 Q. Do your EMS paramedics or fire</p> <p>25 medics treat individuals for cocaine overdoses?</p>

<p style="text-align: right;">Page 142</p> <p>1 A. Sure.</p> <p>2 Q. But in your estimation, that</p> <p>3 doesn't rise to the level of the crisis that</p> <p>4 you described --</p> <p>5 A. It absolutely has not.</p> <p>6 Q. Has cocaine been -- have -- have</p> <p>7 your para- -- fire medics been treating cocaine</p> <p>8 incidents for as long as you've worked at Akron</p> <p>9 Fire Department?</p> <p>10 A. Yes.</p> <p>11 Q. Were there particular periods when</p> <p>12 cocaine issues spiked or -- or hit a peak, as</p> <p>13 you've said before?</p> <p>14 MS. LEYIMU: Object to the form.</p> <p>15 A. Not where it was brought to my</p> <p>16 attention.</p> <p>17 Q. In the '80s there wasn't a</p> <p>18 cocaine -- cocaine epidemic?</p> <p>19 MS. LEYIMU: Object to the form of</p> <p>20 the question.</p> <p>21 A. I wouldn't refer to it as an</p> <p>22 epidemic because it never reached the levels of</p> <p>23 what we're talking about, like for 2016.</p> <p>24 Has there been a cocaine problem?</p> <p>25 Not just in Akron, but seems like everywhere,</p>	<p style="text-align: right;">Page 144</p> <p>1 A. Meth, okay.</p> <p>2 Q. Is meth a problem in Akron?</p> <p>3 A. Meth is a problem everywhere.</p> <p>4 Q. Has it been getting worse?</p> <p>5 MS. LEYIMU: Object to the form of</p> <p>6 the question.</p> <p>7 A. It's difficult for me to answer,</p> <p>8 not being involved in the EMS system as -- as I</p> <p>9 was back when I was a paramedic, but it hasn't</p> <p>10 spiraled out of control.</p> <p>11 Q. Sitting here today, you don't have</p> <p>12 a sense of whether the number of meth-related</p> <p>13 incidents has been increasing or decreasing or</p> <p>14 staying the same?</p> <p>15 A. I do not have that --</p> <p>16 MS. LEYIMU: Object to the form.</p> <p>17 A. I do not have that data.</p> <p>18 Q. Any -- any anecdotal sense of the</p> <p>19 trend line for meth-related incidents?</p> <p>20 A. I'm sorry. Say that again, please.</p> <p>21 Q. I understand you may not have the</p> <p>22 data in front of you for the number of</p> <p>23 meth-related incidents, but I'm asking</p> <p>24 anecdotally if you have a general sense of</p> <p>25 whether the number of incidents has been</p>
<p style="text-align: right;">Page 143</p> <p>1 sure. Lots of other issues as well.</p> <p>2 The opiate issue is one issue, but</p> <p>3 it just seemed to raise to the level of just</p> <p>4 overwhelming our ability to respond.</p> <p>5 The other types of emergencies, be</p> <p>6 it cocaine, heart attack, be it bath salts,</p> <p>7 whatever, have we had those calls? Yes, but</p> <p>8 they have never overwhelmed our resources like</p> <p>9 this opiate issue has.</p> <p>10 Q. So the distinction is cocaine,</p> <p>11 heart attacks, bath salts, those types of</p> <p>12 incidents have remained largely stable?</p> <p>13 MS. LEYIMU: Object to the form of</p> <p>14 the question.</p> <p>15 A. I don't have the numbers to tell</p> <p>16 you exactly what they were, but again, nothing</p> <p>17 has -- as I stated before, nothing has risen to</p> <p>18 the -- the level of -- of -- of being a true</p> <p>19 what I would call disaster almost as the opiate</p> <p>20 crisis has in 2016. Starting around 2014, and</p> <p>21 it just built from there. To the point where</p> <p>22 it was really -- it has been really stressing</p> <p>23 our resources, our ability to respond,</p> <p>24 overwhelming our personnel.</p> <p>25 Q. How about meth?</p>	<p style="text-align: right;">Page 145</p> <p>1 increasing or decreasing or otherwise.</p> <p>2 A. I really couldn't tell you. I</p> <p>3 have -- I have no recollection of anyone</p> <p>4 mentioning anything about the increase of meth</p> <p>5 calls in Akron.</p> <p>6 Q. It's not -- not something that</p> <p>7 comes up in your weekly meetings with --</p> <p>8 A. No.</p> <p>9 Q. Casting back to when you started at</p> <p>10 Akron Fire --</p> <p>11 A. Yes.</p> <p>12 Q. -- was -- were there meth-related</p> <p>13 incidents even that far back?</p> <p>14 A. Yes.</p> <p>15 Q. Is it a heroin crisis in Akron?</p> <p>16 MS. LEYIMU: Object to the form of</p> <p>17 the question.</p> <p>18 A. There is heroin use in Akron just</p> <p>19 like there is everywhere. Is it an issue?</p> <p>20 Yes.</p> <p>21 But when I talk about a crisis, I'm</p> <p>22 talking about something that's causing</p> <p>23 large-scale numbers of both close calls and</p> <p>24 deaths. When I call something a crisis, I'm</p> <p>25 talking about something that for whatever</p>

<p style="text-align: right;">Page 146</p> <p>1 reason we as a community haven't been able to 2 solve, and it seemed -- seemed to have been 3 spiraling up and out of control. And I'm 4 referring to the opiate issue, and specifically 5 starting and up around 2014 is when it really 6 began to ramp up. 7 So what I call -- and I'm sorry. 8 Which -- you're talking about -- you weren't 9 talking about meth; you were talking about 10 what? 11 Q. Heroin. 12 A. Heroin. Is it an issue in Akron? 13 Absolutely. Is it something where these people 14 need absolute- -- some help? Yes, absolutely. 15 But has it risen to the point where I would 16 call it a crisis? No. 17 Q. Well, you -- you agree with me, 18 earlier, that heroin is a type of opiate, 19 correct? 20 A. Yes, it is. 21 Q. As is fentanyl and carfentanil? 22 A. Correct. 23 Q. So I'm trying to understand, when 24 you've referred repeatedly to an opiate 25 crisis --</p>	<p style="text-align: right;">Page 148</p> <p>1 that. Some people deal with it appropriately 2 by going into treatment. Other people deal 3 with it in inappropriate ways by trying to get 4 any medication they can, either over the 5 counter or other illicit drugs. 6 And again, I'm not a -- I'm not a 7 police officer, but we see it. We see it. 8 Q. Besides the individual that you 9 mentioned -- 10 A. Yes. 11 Q. -- and we talked about before, 12 what -- what's the other bases, if any, for 13 your view that the things that took it to 14 another level are the pills? 15 MS. LEYIMU: Object to the form. 16 A. I think there are different types 17 of people in this world that end up getting 18 addicted to drugs. There are people that 19 choose to do something illegal, take some 20 illegal substance for, you know, whatever 21 reason: to get high, to be accepted into 22 groups, whatever. And those people frequently 23 will find themselves addicted. 24 There's another set of people 25 that's much larger, that I think includes you</p>
<p style="text-align: right;">Page 147</p> <p>1 A. Yes. 2 Q. -- "opiate" is a diffuse term. 3 Which opiates in particular are causing or 4 precipitating the crisis? 5 MS. LEYIMU: Object to the form. 6 A. I think all of them combined 7 contribute to what I call a crisis. But what 8 seems to have taken things to another level are 9 the pills. And I'll give you an example of 10 what the individual that I described before 11 described for me. 12 If you have an individual that goes 13 to their doctor with a problem and you get 14 medication for that problem, you assume that I 15 can safely take this medication. And then when 16 I'm done with it, I will -- should have no -- 17 no effects that affect my life. It's there to 18 help me; it's not going to hurt me. 19 In so many cases in this opiate 20 crisis, it's very easy for someone to take 21 medication that's prescribed to them from their 22 doctor, take it exactly as it was prescribed, 23 and then when you think you're done with it, 24 now you've got a problem. You can't walk away. 25 You're addicted. And now you have to deal with</p>	<p style="text-align: right;">Page 149</p> <p>1 and me, that things happen. You go to the 2 doctor to try to get help with an issue. You 3 take the medication exactly as it was laid out 4 for you by your physician. And you assume that 5 when you're done with it, there's no side 6 effects. There's no -- there's no effect to 7 your -- your body, your ability to live the 8 rest of your life because you took that 9 medication. We assume that. 10 And I think what we're talking 11 about is those people finding themselves 12 trapped. They're addicted. They didn't -- 13 they didn't intend to go out and become 14 addicts. They didn't intend to go out and do 15 something illegal or -- or, you know, become 16 addicted to some drug, but it happens. 17 Q. So, Chief, I -- I understand. I 18 appreciate your view on those issues. I guess 19 my question is somewhat different. 20 A. Okay. 21 Q. Do you -- have you seen, for 22 example, any data from your department or 23 otherwise that would substantiate your view 24 that pills was a major cause of some of the 25 overdoses you're seeing?</p>

<p style="text-align: right;">Page 254</p> <p>1 A. No.</p> <p>2 Q. Are you an expert in mental health?</p> <p>3 A. No.</p> <p>4 Q. Are you an expert in addiction?</p> <p>5 A. No.</p> <p>6 Q. Are you an expert in marketing?</p> <p>7 A. No.</p> <p>8 Q. Are you an expert in evaluating the</p> <p>9 efficacy of warning label language on consumer</p> <p>10 products?</p> <p>11 A. No.</p> <p>12 Q. Are you generally -- well, strike</p> <p>13 that.</p> <p>14 Do you agree that there are</p> <p>15 individuals who take prescription opioids and</p> <p>16 do not develop an addiction?</p> <p>17 MS. LEYIMU: Object to the form of</p> <p>18 the question.</p> <p>19 A. It is an assumption. Well, I'll</p> <p>20 take that back. I have taken an opiate once,</p> <p>21 and I did not become addicted. So in</p> <p>22 reality -- so, yes, I know at least one where</p> <p>23 it has not occurred.</p> <p>24 When it comes to others, it would</p> <p>25 be making an assumption.</p>	<p style="text-align: right;">Page 256</p> <p>1 crisis?</p> <p>2 MS. LEYIMU: Object to the form of</p> <p>3 the question.</p> <p>4 A. I would say that fentanyl is one</p> <p>5 specific opiate, and I would not say that we</p> <p>6 are experiencing a crisis just to one specific</p> <p>7 opiate. But I don't know that to be fact. But</p> <p>8 I would --</p> <p>9 But, again, when you say "crisis,"</p> <p>10 it's kind of a -- in my opinion, it's a term</p> <p>11 that what you consider a crisis may not be what</p> <p>12 I consider a crisis. So in this case, I would</p> <p>13 say no.</p> <p>14 Q. Okay. Has Akron previously</p> <p>15 experienced an illicit fentanyl crisis, in your</p> <p>16 opinion?</p> <p>17 MS. LEYIMU: Object to the form.</p> <p>18 A. Not to my knowledge.</p> <p>19 Q. Okay. Has Akron ever experienced a</p> <p>20 carfentanil crisis?</p> <p>21 A. Again, I think our definition of</p> <p>22 "crisis" could -- is going to vary, but in my</p> <p>23 personal opinion, no.</p> <p>24 Q. Okay. I want to ask you about a</p> <p>25 couple numbers to follow up in this area.</p>
<p style="text-align: right;">Page 255</p> <p>1 Q. Right. And that's not an</p> <p>2 assumption you're comfortable making?</p> <p>3 A. No.</p> <p>4 Q. Okay. Are there people who take</p> <p>5 opioids by prescription, become addicted, but</p> <p>6 that do not die as a result of that addiction?</p> <p>7 A. That is another assumption.</p> <p>8 Q. Okay. And you're not comfortable</p> <p>9 making that?</p> <p>10 A. No.</p> <p>11 Q. Okay. What about this one. Do you</p> <p>12 agree that there are people who take opioids</p> <p>13 who are addicted but who do not break the law?</p> <p>14 A. Yes.</p> <p>15 Q. Okay. You were asked some</p> <p>16 questions about whether there was a cocaine</p> <p>17 crisis in Akron or a methamphetamine crisis or</p> <p>18 a heroin crisis. Do you remember that topic of</p> <p>19 discussion from earlier today?</p> <p>20 A. Yes.</p> <p>21 Q. Okay. I want to ask about a couple</p> <p>22 different substances. Is Akron facing a crisis</p> <p>23 with related -- or excuse me. Strike that.</p> <p>24 I'll ask it again.</p> <p>25 Is Akron facing an illicit fentanyl</p>	<p style="text-align: right;">Page 257</p> <p>1 I will represent to you -- and</p> <p>2 these are, for your edification, coming from</p> <p>3 Summit County medical examiner annual reports.</p> <p>4 I'll represent to you that in 2015</p> <p>5 Medical Examiner Kohler certified that there</p> <p>6 were 44 deaths in Summit County attributable to</p> <p>7 cocaine.</p> <p>8 Do you consider, as Chief of Akron</p> <p>9 Fire, 44 cocaine deaths to be a crisis?</p> <p>10 MS. LEYIMU: Object to the form.</p> <p>11 Asked and answered.</p> <p>12 A. No.</p> <p>13 Q. Okay. The number for cocaine</p> <p>14 deaths, according to Medical Examiner Kohler,</p> <p>15 in 2017 was 80 for that year. Do you consider</p> <p>16 80 cocaine deaths to be a crisis?</p> <p>17 MS. LEYIMU: Object to the form.</p> <p>18 Asked and answered.</p> <p>19 A. I think we're starting to get into</p> <p>20 a gray area. Again, the definition of -- what</p> <p>21 is the definition of a crisis? What are you</p> <p>22 expect- -- when I say crisis -- or when you</p> <p>23 say crisis, exactly what do you mean?</p> <p>24 Q. Well, the capacity that I'm asking,</p> <p>25 you are one of the leaders in the community as</p>

<p style="text-align: right;">Page 258</p> <p>1 the Chief of Akron Fire, right?</p> <p>2 A. Correct.</p> <p>3 Q. And I think you told counsel</p> <p>4 earlier that one of your jobs as chief is to</p> <p>5 set the tone and -- you know, as being the</p> <p>6 leader for the department, right?</p> <p>7 A. That is correct.</p> <p>8 Q. So you have an internal role</p> <p>9 managing Akron Fire and you also have an</p> <p>10 external role as a liaison between that</p> <p>11 department and the larger community, correct?</p> <p>12 A. That is correct.</p> <p>13 Q. And so in exercising that</p> <p>14 leadership role and setting the tone, I'm</p> <p>15 asking for your personal view in that</p> <p>16 leadership role. When you would message to the</p> <p>17 citizens of Akron, how you would describe the</p> <p>18 various issues that they're facing? Some, I</p> <p>19 assume, you would think are more pressing than</p> <p>20 others.</p> <p>21 So when I ask about a crisis, I'm</p> <p>22 asking in your capacity as chief of Akron Fire,</p> <p>23 when you would communicate to the public, would</p> <p>24 you -- if -- if the public asked you at an --</p> <p>25 at an event, "Chief Tucker, 2017 we had 80</p>	<p style="text-align: right;">Page 260</p> <p>1 a -- a strong concern.</p> <p>2 Would I use the term "crisis"? I</p> <p>3 think it's -- I think that's more of a personal</p> <p>4 idea as to whether you consider something a</p> <p>5 crisis or not.</p> <p>6 But any death, any fire death, any</p> <p>7 overdose death, any motor vehicle accident</p> <p>8 where we have deaths, all of these are concerns</p> <p>9 and real issues for not just the Akron Fire</p> <p>10 Department, but for this community as a whole,</p> <p>11 and we have a responsibility to try to do what</p> <p>12 we can to decrease -- decrease those numbers.</p> <p>13 Can I call them a crisis? In my</p> <p>14 personal opinion, when you start using the term</p> <p>15 "crisis," you're talking about something that</p> <p>16 not only is spiraling out of control, but it is</p> <p>17 also causing deaths, and I mean many deaths,</p> <p>18 and it's beginning to be something that you can</p> <p>19 no longer handle.</p> <p>20 As in the Akron Fire Department</p> <p>21 being able to handle the volume of calls that</p> <p>22 we've been receiving, it's been a real</p> <p>23 challenge, and it's been something that, again,</p> <p>24 I would call a strong concern because of our</p> <p>25 inability to maintain our -- our number of</p>
<p style="text-align: right;">Page 259</p> <p>1 deaths from cocaine. From Akron Fire's</p> <p>2 perspective, is that a crisis?"</p> <p>3 MS. LEYIMU: Object to the form of</p> <p>4 the question.</p> <p>5 A. I would state it as a concern, but</p> <p>6 not a crisis.</p> <p>7 Q. And so for heroin, in 2015,</p> <p>8 according to the numbers we have, there were</p> <p>9 144 heroin overdose deaths. So if asked by a</p> <p>10 member of the public, "Akron Fire, do you</p> <p>11 consider" --</p> <p>12 Well, I won't do 2015 because you</p> <p>13 weren't the chief. I'll move forward to 2017,</p> <p>14 to be fair.</p> <p>15 So if you were asked in 2017, the</p> <p>16 58 heroin deaths in Akron, are we dealing with</p> <p>17 a heroin crisis as a result of those 58 heroin</p> <p>18 deaths?</p> <p>19 MS. LEYIMU: Object to the form.</p> <p>20 A. The terminology I would use, to put</p> <p>21 it in my own words, I would call it a serious</p> <p>22 concern. One death is a serious concern. Any</p> <p>23 deaths, especially for something that is an</p> <p>24 ongoing or potentially an increasing problem,</p> <p>25 something that increases in -- in number, is</p>	<p style="text-align: right;">Page 261</p> <p>1 resources available to help the public.</p> <p>2 Does that help?</p> <p>3 Q. I think I understand. Thank you.</p> <p>4 A. Okay.</p> <p>5 Q. One related question. Would you</p> <p>6 ever use the word "epidemic" to describe a</p> <p>7 situation where there are 80 cocaine deaths in</p> <p>8 Summit County in 2017 --</p> <p>9 MS. LEYIMU: Object --</p> <p>10 Q. -- or would your answer be similar</p> <p>11 to what you just articulated for crisis?</p> <p>12 MS. LEYIMU: Object to the form of</p> <p>13 the question.</p> <p>14 A. When I think of the term</p> <p>15 "epidemic," I think more of something that is a</p> <p>16 communicable disease. I think of like a flu</p> <p>17 epidemic. Something that is trans- -- you</p> <p>18 know, transferred from one individual to</p> <p>19 another. Never really considered heroin an</p> <p>20 epidemic. And again, that's my personal</p> <p>21 opinion.</p> <p>22 Q. Okay. All right. And in terms of</p> <p>23 a crisis, though, I did hear you testify</p> <p>24 earlier that you think that Akron has</p> <p>25 experienced an opiate crisis, and then you</p>

<p style="text-align: right;">Page 262</p> <p>1 described 2014 and the waves and all of that.</p> <p>2 A. Correct.</p> <p>3 Q. But you -- you would -- is that one</p> <p>4 specific area that you are comfortable using</p> <p>5 the term "crisis"?</p> <p>6 A. The opiate issue, I think, is a</p> <p>7 crisis, simply because, again, the absolute</p> <p>8 total devastation that we -- and I'm talking</p> <p>9 about my people on the Akron Fire Department --</p> <p>10 have witnessed. The -- the repeat overdoses</p> <p>11 from the same individual, sometimes on the same</p> <p>12 day. The -- just the sheer volume of -- of</p> <p>13 calls for the same type of an issue, in my</p> <p>14 personal opinion, has made it a crisis.</p> <p>15 And then to find out that it's not</p> <p>16 just Akron. It's Summit County. It's Ohio.</p> <p>17 It's the country. Those -- those things make</p> <p>18 me think that it is truly a crisis. It's not</p> <p>19 some isolated case that we just hope will go</p> <p>20 away on its own. It's something that has been</p> <p>21 a national problem.</p> <p>22 And there has been, as we saw in</p> <p>23 some of the previous documents, speculation as</p> <p>24 to why. Or does anyone really know the true</p> <p>25 cause? Does anyone really know? Has</p>	<p style="text-align: right;">Page 264</p> <p>1 down -- in describing the waves, that you</p> <p>2 thought, from your opinion, was that pills had</p> <p>3 taken it to another level.</p> <p>4 Do you remember saying that?</p> <p>5 A. I do.</p> <p>6 Q. Okay. And I think you were also</p> <p>7 asked if you had specific data to back that up,</p> <p>8 and my notes say that you said you didn't have</p> <p>9 the data, but that was your opinion.</p> <p>10 Am I at least understanding your</p> <p>11 testimony correct so far?</p> <p>12 MS. LEYIMU: Object to the form of</p> <p>13 the question.</p> <p>14 Q. Well, let me ask it this way. Do</p> <p>15 you have data to back up your opinion that the</p> <p>16 pills, quote, "took it to another level"?</p> <p>17 MS. LEYIMU: The same objection.</p> <p>18 You can answer.</p> <p>19 A. I do not have documentation that</p> <p>20 states that, but what I do have is just the</p> <p>21 interaction I've had with my people. They've</p> <p>22 seen it on a daily basis. They've seen how</p> <p>23 catastrophic that this particular issue has</p> <p>24 been on our community, and it is truly</p> <p>25 devastating. It truly is. Which is --</p>
<p style="text-align: right;">Page 263</p> <p>1 everything been done to try to stop this thing?</p> <p>2 We don't -- we have more questions than</p> <p>3 answers.</p> <p>4 Q. Okay. And -- and that's your</p> <p>5 perspective, sitting here today as -- as chief</p> <p>6 of -- chief of Akron Fire, that with respect to</p> <p>7 opiates, it's a crisis, but there's more</p> <p>8 questions than answers?</p> <p>9 MS. LEYIMU: Object to the form of</p> <p>10 the question.</p> <p>11 A. There are more questions than</p> <p>12 answers. Why are we having a wave instead of</p> <p>13 it just being consistent? We really don't</p> <p>14 know.</p> <p>15 Why did we have the big increase in</p> <p>16 2016? We think we may have some ideas, but has</p> <p>17 anyone actually said this is 100 percent the</p> <p>18 reason why?</p> <p>19 I think that's what part of this</p> <p>20 litigation is about, to try to determine</p> <p>21 exactly that. So I think those -- those types</p> <p>22 of questions are being asked as we speak, and</p> <p>23 that's, I think, why we're here today, to</p> <p>24 figure out why.</p> <p>25 Q. And you mentioned -- I wrote</p>	<p style="text-align: right;">Page 265</p> <p>1 Q. Do you --</p> <p>2 A. Which is why we have tried to come</p> <p>3 up with ideas on trying to -- how to make a</p> <p>4 difference. And that's -- you know, from those</p> <p>5 things we have the QRT. We have the ARV to try</p> <p>6 to get another unit out there.</p> <p>7 We are trying to see what can we do</p> <p>8 that is effective in doing our part to help,</p> <p>9 because it is a -- not just an Akron crisis,</p> <p>10 but this is a national crisis.</p> <p>11 Q. Now, in terms of pills, was there</p> <p>12 anything from your perspective that -- that was</p> <p>13 different in 2014 with respect to opiate pills</p> <p>14 as opposed to 1990s when you had a</p> <p>15 prescription?</p> <p>16 A. The sheer volume of calls for</p> <p>17 overdoses. And as I described when I talked</p> <p>18 about the -- the individual that was another</p> <p>19 city employee, the fact that you can do exactly</p> <p>20 what you're supposed to do, take your</p> <p>21 medication exactly as prescribed by a doctor,</p> <p>22 and through no fault of your own find yourself</p> <p>23 addicted, to me, is -- is not just horrible,</p> <p>24 but it's -- it's got to be frightening for</p> <p>25 everybody out there to know that, wow, I could</p>

<p style="text-align: right;">Page 266</p> <p>1 do nothing wrong, nothing illegal, and become 2 addicted. 3 Q. So in terms of the overdose deaths 4 in Summit County -- 5 A. Yes. 6 Q. -- just looking at Dr. Kohler's 7 numbers, there are roughly 300 cases where 8 cocaine, illicit street fentanyl or heroin were 9 the cause of death, and roughly 33 cases where 10 it was the pills. 11 So when you hear 300 from illegal 12 street drugs and 33 from prescription pills, 13 does that number surprise you, based on your 14 experience on the force in 2015? 15 MS. LEYIMU: Object to the form. 16 A. It doesn't, and I'll tell you why. 17 I think there are a number of people that start 18 off taking their medications like I had 19 described before, exactly as it was prescribed. 20 And then they get to a point where, "Okay, I 21 can't get prescription drugs anymore," and a 22 percentage of those people will try to find 23 something else. 24 I think this is something that will 25 get you addicted -- the opiate pills will get</p>	<p style="text-align: right;">Page 268</p> <p>1 the question. 2 Q. Let me ask a simpler question. 3 A. Okay. 4 Q. If I look at the number of run 5 statistics from -- 6 A. Yes. 7 Q. -- Akron Fire, is there any way, 8 looking at those statistics, where I could 9 identify the number of people who ever had a 10 prescription pill -- ever had a prescription 11 for an opioid pill? 12 A. When we go out on emergency calls, 13 one of the things that we will do is ask for a 14 list of medications that people are taking. 15 And it's something that the doctors at the 16 hospital want to know. They want to know what 17 type of medications this particular individual 18 is taking. 19 That is something that may help us 20 determine if this issue started off as a 21 pill -- opiate pill-related problem. But not 22 always, because people aren't always truthful, 23 for one. And for someone unresponsive, we may 24 never know what it was that -- that they were 25 taking and if they were on an opiate pill.</p>
<p style="text-align: right;">Page 267</p> <p>1 you addicted, and then in your flurry or in 2 your desperation to try to -- to stop yourself 3 from having the side effects of being an addict 4 that cannot any longer get that drug, they look 5 to something else. 6 Some people may look to going 7 directly into treatment and trying to get help, 8 but a percentage of folks are going to go the 9 illegal route and start trying to use something 10 else that will try to help them get through the 11 fact that they are having these side effects 12 from the drugs. 13 Q. Now, in terms of trying to 14 understand any individual story, and whether -- 15 whether that example you just provided, whether 16 a person that you make a run for at Akron Fire, 17 whether that overdose on cocaine is in any 18 rela- -- any way related to a history of 19 prescription pills and whether there's that 20 kind of progression of addiction that you just 21 described, how would you -- sitting here today, 22 what sources of information would you look to 23 to try to figure out that person's story, that 24 person's death? 25 MS. LEYIMU: Object to the form of</p>	<p style="text-align: right;">Page 269</p> <p>1 Q. So tell me if this is a correct 2 understanding. For some people that Akron Fire 3 goes on runs, you'll never know whether their 4 story started with prescription pills. 5 For others, you could look to the 6 run reports, you could look to the doctor 7 records and the hospital records after you've 8 dropped them off, and if they were forthcoming 9 and provided accurate information in response 10 to your requests, those sources of information 11 may contain medication history. 12 A. I think it's a much more accurate 13 way of getting information from the hospitals, 14 from the county, from the health department 15 type organizations, that can give us accurate 16 information on this was a -- this was an 17 overdose of this particular chemical or this 18 particular drug or whatever. I think the Akron 19 Fire Department does not have the ability to 20 tell you, "This was OxyContin; this was 21 Vicodin." 22 Q. Okay. 23 A. Et cetera, et cetera. 24 Q. All right. 25 A. But I can tell you this, that when</p>